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755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304-1018TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

WWW.MOFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
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To:

| NAME: | FACSIMILE: | TELEPHONE: |
|-----------------|----------------|----------------|
| MS RCE USTPO | (571) 273-8300 | (571) 272-1177 |

FROM: Jill A. Jacobson

DATE: November 18, 2005

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| Number of pages with cover page: | 23 | |
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Preparer of this slip has confirmed that facsimile number given is correct: 6719/jais

Comments:

Attorney Docket No.: 220772007420
 Group Art Unit: 1725
 Examiner: K. Kerns
 Serial No.: 09/972,142
 Filing Date: October 5, 2001
 Inventors: Daniel G. LOFFLER et al.
 Title: CATALYTIC SEPARATOR PLATE REACTOR AND
 METHOD OF CATALYTIC REFORMING OF FUEL TO
 HYDROGEN

Documents attached:

- Request for Continued Examination (RCE) Transmittal (1 page)
- Fee Transmittal (original + copy for fee processing (2 pages))
- Amendment (18 pages)
- Petition for Extension of Time (1 page)

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PTO/SB/17 (12-04v2)

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| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number 09/972,142 Filing Date October 5, 2001 First Named Inventor Daniel G. LOFFLER Examiner Name K. Kerns Art Unit 1725 Attorney Docket No. 220772007420 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 505.00 | | | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| FEE CALCULATION | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|--------------------------------------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 51 | | - 49 = | 2 | x 25.00 = | 180.00 | | 0.00 |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 4 | | - 8 = | 0 | x 100.00 = | 0.00 | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| - 100 = | | | / 50 | | 125.00 | = | 0.00 |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | 395.00 | |
| Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... | | | | | | 60.00 | |
| 2251 Extension for response within first month | | | | | | | |

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|-------------------|-------------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | <i>Jill A. Jacobson</i> | Registration No. (Attorney/Agent) | 40,030 |
| Name (Print/Type) | Jill A. Jacobson | Telephone | (650) 813-5876 |
| | | Date | November 18, 2005 |